



March 1, 2022

Dear Parent/Guardian/Custodian:

Enclosed are several forms that must be completed, signed, and returned to apply for your child to participate in the City of Durham Police Department Summer Camp. All participants must be at least 9 years old and no older than 13 years of age. If you have any questions, please call Officer R. Grillasca at (919) 358-0306 or email Ramon.Grillasca@durhamnc.gov.

All completed applications must be returned by May 8, 2022 to the On-Duty Desk Officer, located on the 1st floor of Durham Police Headquarters 602 E. Main Street, or The Boys & Girls Club 1010 Martin Luther King, Jr. Pkwy, Durham, NC 27713.

Taking your application elsewhere may result in a delay or it being lost.

A confirmation letter will be sent to you after your child has been accepted into the summer camp. A parent/legal guardian or custodian of the applicant child who receives a confirmation letter **must** attend a virtual "**Parent Orientation**" where detailed information about the camp will be provided. Failure to attend the Parent Orientation will result in ineligibility for participation in the summer camp.

**Respectfully Yours,
Officer Ramon Grillasca
Community Services Division
Community Engagement Unit
(919) 358-0306**



CAMP SESSIONS Sign-Up

Child's Name: _____

Age: _____ Date of Birth: _____ Male ☐ Female ☐

***Please attach a copy of your child's birth certificate. ***

Please select one of the following Summer Camp dates for your child.

- ☐ **CAMP #1**
JUNE 13 – 17, 2022
- ☐ **CAMP #2**
JUNE 20 – 24, 2022
- ☐ **CAMP #3**
JULY 11 – 15, 2022
- ☐ **CAMP #4**
JULY 18 – 22, 2022
- ☐ **CAMP #5**
AUGUST 8 – 12, 2022
- ☐ **CAMP #6**
AUGUST 15 – 19, 2022

PARENT/GUARDIAN SIGNATURE

Office Use Only:

Date Received: _____ **Time Received:** _____

Officer Name: _____ **Employee #:** _____



CITY OF DURHAM POLICE DEPARTMENT SUMMER CAMP

Registration Form

Please Print Legibly:

Name of Child: _____ Gender: ☐ Male ☐ Female
Last First MI

Address: _____ City _____ Zip: _____

School Attending: _____ Date of Birth: _____ Age: _____

T-Shirt Size: (circle one) YS YM YL AS AM AL AXL AXXL Other: _____

Parent/Legal Guardian Name: _____
Last First

Phone: (H) _____ (C) _____ Email: _____

Place of Employment: _____ Phone (W): _____

Parent/Legal Guardian Name: _____
Last First

Phone: (H) _____ (C) _____ Email: _____

Place of Employment: _____ Phone (W): _____

Emergency Contact:

If Parent/Guardian cannot be reached, who should be contacted in the event of an emergency?

Name/Relationship: _____ Phone: _____

In addition to parent/legal guardian, to who can your child be released?

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Medical Information:

Physician's Name: _____ Office#: _____

Dentist's Name: _____ Office#: _____

Parents' email address: _____

Would you like your child's information added to the Durham Youth Police Athletic League (PAL) database to receive informed on other youth activities? YES____ or NO____



CITY OF DURHAM POLICE DEPARTMENT SUMMER CAMP

General Release of Liability for Vehicle Passengers

I am the parent or legal guardian/custodian of _____.
(Print minor's name)

I am requesting that my child, named above, participate in the City of Durham Police Department Summer Camp. I understand that, as part of this program, my child will be transported between different buildings and facilities within the City of Durham, as well as to and from different buildings and facilities within the City of Greensboro, in a vehicle owned or operated on behalf of the City.

In consideration of my request, I hereby release, forever discharge and covenant not to sue the City of Durham and any of its agents or employees from any and all claims, damages, injuries or causes of action arising out of or related in any way to my child, named above, riding in a vehicle owned or operated on behalf of the City, and I do hereby agree to defend, indemnify, hold and save the City of Durham, its agents and employees, free and harmless from any and all liability arising from any injuries or damages that my child, named above, might at any time suffer while riding as a passenger in a vehicle owned or operated on behalf of the City of Durham.

Date: _____

Parent or Guardian/Custodian: _____
(Print Name)

Parent or Guardian/Custodian: _____
(Signature)



City of Durham Release for Photographic, Video and/or Audio Recording Participation

The City of Durham documents its various services and activities via still photography and video and audio recordings. Such documentation is taken by staff members, City officials, and their designees or representatives. The images and/or audio captured become the property of the City of Durham and may be used as informational/educational/promotional and advertising tools for departmental events, programs and services. Images and/or audio captured may, in whole or in part, be displayed in public or private facilities, and/or published, broadcast or disseminated publicly via any means of communication including, but not limited to, printed materials, television, film, websites and social media.

I, _____ do hereby give the City of Durham, its employees, officials, officers, agents, assigns and representatives the irrevocable right to use my(or, as applicable, my child's) name or a fictional name, and/or my (or, as applicable, my child's) image and/or voice in all forms and media, and in all manners, including composite or distorted representations, for informational, educational, promotional, advertising, or any other lawful purposes, and I waive any right to inspect or approve the finished product that may be created in connection therewith. I understand that I shall receive no compensation for my (or, as applicable, my child's) appearance, representation or participation.

In consideration of having my (or, as applicable, my child's) name or a fictional name, and/or my (or, as applicable, my child's) image and/or voice used in the City of Durham's informational/educational/promotional and advertising events, programs and services, I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge, and covenant not to sue the City of Durham, its employees, officials, officers, agents, assigns and representatives from any and all claims, damages, injuries or causes of action arising out of or related in any way to the use of my (or, as applicable, my child's) image and/or voice. I also agree to defend, indemnify and hold harmless the City of Durham, its employees, officials, officers, agents, assigns and representatives from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of or related in any way to the use of my (or, as applicable, my child's) image and/or voice.

I represent that I am of full legal age. I have read this release and understand its contents. I am signing this agreement
☐ On my own behalf ☐ As the parent or legal guardian of _____, a minor child.
(Print full name of child under age 18)

SIGNED: _____
ADDRESS: _____

WITNESS: _____
DATE: _____

OFFICE OF PUBLIC AFFAIRS
101 City Hall Plaza, Second Floor • Durham, NC 27701
919-560-4123 • publicaffairs@durhamnc.gov